PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10795977

CLAIMS AS FILED - PART I								SMALL ENTITY			OTHER THA		
TOTAL CLAIMS			(Column 1)		(Column 2)		1	TYPE		OR	OR SMALL ENTITY		
TOTAL CLAIIVIS			71			<u> </u>		RATE	FEE		RATE	FEE	
F	OR		NUMBER FILED		NUMBER EXTRA			BASIC FE	385.00	OR	BASIC FEE	770.00	
TO	OTAL CHARGE	ABLE CLAIMS	> ∫ minus 20=		*		•	X\$ 9=		OR	X\$18=	18	
_	DEPENDENT (7 minus 3 =		•		·	X43=		OR	X86=		
MU	JLTIPLE DEPE	NDENT CLAIM P	RESENT					+145=		OR	+290=		
* If the difference in column 1 is less than zero, enter "						column 2	Ĺ	TOTAL		OR	TOTAL	77V	
CLAIMS AS AMENDED - PART II										_	OTHER	THAN	
(Column 1)			T	(Colum		(Column 3)		SMALL	ENTITY	OR	SMALL	ENTITY	
AMENDMENT A		REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NON	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
AME	Independent	*	Minus	***	CL AINA	=		X43=		OR	X86=		
<u> </u>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=		OR	+290=		
							<u> </u>	TOTAL		OR ,	TOTAL		
		(Column 1)		(Colum	n 2)	(Column 3)	A	DDIT. FEE		, ,	ADDIT. FEE		
8		CLAIMS REMAINING		HIGHE	ST		Г		ADDI-	ſ	. 1	ADDI-	
AMENDMENT B	_	AFTER AMENDMENT		PREVIOU PAID F	JSLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=.		
AME	Independent	*	Minus	***		=		X43=		OR	X86=		
	FIRST PRESE	NTATION OF MU	LTIPLE DEP	ENDENT (CLAIM		F	.145			.000		
							L	+145= TOTAL		OR	+290=		
	•						AE	DIT FEE		OR A	DDIT. FEEL		
		(Column 1)		(Column		(Column 3)						j	
AMENDMENT C		REMAINING AFTER AMENDMENT		NUMBE PREVIOU PAID FO	R	PRESENT EXTRA			ADDI- TONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
ME	Independent		Minus	***		=		X43=		一上			
`	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							A43=		OR	X86=		
• 14	the entry in colum	nn 1 is loss than the	. onto, in onto		n•: •	0		145=		OR	+290=	.]	
** {	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."								(OR A	TOTAL ODIT. FEE		
T	he "Highest Num	ber Previously Paid	For (Total or	SPACE is le Independent	ess than) is the h	3, enter "3." ighest number (in the appro	opriate box				